



State of Utah

SPENCER J. COX
Governor

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Lieutenant Governor

Department of Human Services

TRACY S. GRUBER
Interim Executive Director

Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

February 1, 2021

Craig Buttars
Cache County Executive
199 North Main
Logan, UT 84321

Dear Mr. Buttars:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Cache County (District 1 Mental Health Authority) and Bear River Mental Health, its contracted service provider; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,


Doug Thomas (Feb 2, 2021 12:16 MST)

Doug Thomas
Division Director

Enclosure

cc: Jeff Scott, Box Elder County Commission
Bill Cox, Rich County Commission
Beth Smith, Director, Bear River Mental Health



Site Monitoring Report of

Cache County - District 1 Mental Health Authority and
Bear River Mental Health

Local Authority Contract #160238

Review Date: November 17, 2020

Final Report

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Cache County (District 1 Mental Health Authority) and its contracted service provider, Bear River Mental Health (also referred to in this report as BRMH or the Center) on November 17, 2020. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

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Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	9-10
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12-13

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Cache County, and its contracted service provider, Bear River Mental Health (BRMH). The Governance and Fiscal Oversight section of the review was conducted on November 17-20, 2020 by Chad Carter and Kelly Ovard, Auditors IV with DSAMH.

The site review was conducted remotely with BRMH due to Covid-19 restrictions. BRMH is the mental health contracted service provider for Cache, Box Elder and Rich Counties. Files from BRMH and Cache County were uploaded and reviewed. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the remote review, BRMH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

The Local Authority, Cache County received a single audit as required. The CPA firm Jones - Simkins completed the audit for the year ending December 31, 2019. The auditors issued an unqualified opinion in their report dated June 25, 2020. No mental health findings or deficiencies were issued in the audit.

Cache County's contracted service provider, Bear River Mental Health, did not meet the threshold to require a single audit; but did receive an independent financial statement audit, which was also reviewed. The firm Carver, Florek & James, CPA's completed the audit for the year ending June 30, 2020 and also looked at some specific items at the request of the Division. The auditors issued an unmodified opinion in their report dated December 4, 2020. No findings or deficiencies were reported.

Follow-up from Fiscal Year 2020 Audit:

FY20 Deficiencies:

- 1) *Timely Billings* - BRMH has had a minor issue with submitting billings timely as required by contract. Local Authorities are required to submit each billing within 30 days, BRMH has submitted them at an average of 36 days throughout FY19. The billing process should be reviewed to identify areas of improvement to be brought into compliance.

This finding has been resolved per Chad Carter for FY20.

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) *Federal Awards Policy*: **While Cache County has a Federal Awards Policy, BRMH does not. The money is passed through the county and on to the provider which actually uses the funds to provide services. The provider should have its own in-house policy and procedure for using Federally Awarded Funds.**
- 2) *The Cache County/Bear River Mental Health emergency plan* was reviewed by Robert Snarr, Program Administrator as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. **The Emergency Plan currently has 11 non-compliance issues and 1 partial compliance issue. In the previous year there were 6 non-compliance and 2 partial compliance issues. The Emergency Plan needs to be brought into compliance with Division directives.**

FY21 Division Comments:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Bear River Mental Health (BRMH) on November 17 and 18, 2020. Due to COVID-19, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Resource Facilitation (Peer Support), High Fidelity Wraparound, school based behavioral health and compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

- 1) *Youth Outcome Questionnaires:* BRMH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency outlined by division directives, nor demonstrating evidence of its use in treatment. Through records reviews, the YOQ was not administered at the required frequency in four of the ten charts reviewed. The Division Directives state "the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt)." Nine of the ten charts reviewed did not indicate that the YOQ is being used in treatment. The Division Directives state "Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart."

Center's Response and Corrective Action Plan:

Action Plan: BRMH will do additional training with all clinicians specifically on administrating, using the YOQ/OQ data in therapy, and documenting the YOQ/OQ in their progress notes. We will re-train clinicians on administering YOQ/OQ by sending a link to clients or administering YOQ/OQ in telephone and video conferencing sessions. We will use the data available from the OQ/YOQ to better understand which clinicians are not opening or using the OQ. We will also increase chart audits specifically looking for documentation and therapeutic use of YOQ/OQ. We will work with clinicians and front desk staff to identify barriers to administering OQ and documenting in progress notes. We will make YOQ/OQ a priority topic in clinicians' individual supervision with their supervisors. We are currently working with our information technology team to make it easier for clinicians to access the YOQ/OQ scores and documenting it in the progress note.

Timeline for compliance: Within the next 90 days.

Person Responsible for action plan: Dan Sorensen (Cache) & Tim Frost (Box Elder) as Executive Team level clinical supervisors.

DSAMH Tracking by: Leah Colburn

FY21 Recommendations:

- 1) *Holistic Approach to Health:* During the review of their assessments there is minimal documentation identifying a client's primary care physician and supporting conversations about physical health wellbeing. Ensuring that youth have an identified provider and access to physical healthcare is a key metric in ensuring a child's overall health and wellbeing. It is recommended that BRMH provide training to staff to include the documentation of this type of information, including during assessment and case management activities to encourage conversation about healthcare access and appropriate linkages to physical health care providers, including dental and vision, for children.

FY21 Division Comments:

- 1) *Telehealth in Schools:* BRMH participated in the Telemental health in Schools statewide pilot program. BRMH experienced great success with the reach of this pilot program in creating access for students to receive access to behavioral health services in schools. The success that was demonstrated through this pilot has showcased the value of telehealth and will allow for continued use of telehealth in school behavioral health statewide. BRMH has been able to expand their services for telehealth beyond the initially identified pilot schools and has found that the model prepared them to be able to respond and pivot to telehealth services system wide when the COVID-19 pandemic began.
- 2) *Family Resource Facilitation and Family Peer Support:* BRMH had a slight decrease in families served with family peer support services (FY19 13 families, FY20 11 families). DSAMH recognizes that COVID-19 may have impacted this service provision. It is encouraged to review this service to identify and rectify barriers to increase access to this

service for youth and families. BRMH is also encouraged to review referral pathways both internally and with community partners to increase the number of families served at the center.

- 3) *Unfunded Clients:* BRMH has responded to the need to better support children and families who are unfunded secure and maintain Medicaid. BRMH has recently hired a Medicaid eligibility worker to support clients and their families in the application and maintenance process. They are hopeful that this will allow for greater sustainability of care for their clients and allow BRMH to reserve unfunded dollars for those who do not have any access to insurance or who are underfunded.
- 4) *Community Outreach:* BRMH has recently engaged with a marketing company to help strengthen their brand and image in the community. BRMH has recognized a need to provide better information to the community about their services and mental health in general. BRMH has worked to revamp their website, gain a social media presence, and has developed targeted messaging on mental health education for their community.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Bear River Mental Health (BRMH) on November 17 and 18, 2020. Due to COVID-19, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Pam Bennett, Program Administrator; Mindy Leonard, Program Manager, and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Outcome Questionnaires, compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

- 1) *Outcome Questionnaires (OQ)*: The BRMH charts demonstrated that the OQ was administered at least once for all individuals with documentation reviewed. However, results for the OQ were only documented a total of once or twice for three of nine clients. This may be related to difficulties administering the OQ after client care was moved to a telehealth format due to the pandemic. Division Directives indicate that "DSAMH will require that the OQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt). More concerning is that nine of nine charts reviewed indicated that the OQ is not being used as a clinical intervention in treatment. This reflects data provided from the current BRMH internal chart audit. Division Directives state "Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart." This was a Deficiency for Adult Mental Health in FY18 and FY19, and is a shared Deficiency with the Children, Youth and Family Adult Mental Health in FY21.

Center's Response and Corrective Action Plan:

Action Plan: BRMH will do additional training with all clinicians specifically on administrating, using the YOQ/OQ data in therapy, and documenting the YOQ/OQ in their progress notes. We will re-train clinicians on administering YOQ/OQ by sending a link to clients or administering YOQ/OQ in telephone and video conferencing sessions. We will use the data available from the OQ/YOQ to better understand which clinicians are not opening or using the OQ. We will also increase chart audits specifically looking for documentation and therapeutic use of YOQ/OQ. We will work with clinicians and front desk staff to identify barriers to administering OQ and documenting in progress notes. We will make YOQ/OQ a priority topic in clinicians' individual supervision with their supervisors. We are currently working with our information technology team to make it easier for clinicians to access the YOQ/OQ scores and documenting it in the progress note.

Timeline for compliance: Within 90 days

Person Responsible for action plan: Dan Sorensen (Cache) & Tim Frost (Box Elder) as Executive Team level clinical supervisors.

DSAMH Tracking by: Pamela Bennett

FY21 Recommendations:

- 1) *Documentation and a Holistic Approach:* A review of BRMH charts demonstrated that documentation did not include evidence of psychoeducation on managing mental health symptoms, education on improving physical health, or the identification of a primary care physician in nine of nine charts reviewed. Individuals in treatment reported that BRMH is closely engaged in client support around physical health for those attending Clubhouse-like programs. Therefore, DSAMH recommends expanding whole health training to include all clinical staff, and training staff to include the documentation of this type of intervention.
- 2) *Provision of Peer Support Services (PSS):* DSAMH Peer Support Program Manager, Heather Rydalch, met with Peer Support Specialists (Adult Peer Support and Family Resource Facilitator). BRMH provides individual and group PSS for adults, with individual PSS transferring to telehealth during the pandemic. It is recommended that BRMH consider moving group PSS to a virtual format when possible. In addition, PSS policy should be updated to reflect changes to required continuing education credits (Utah Code R523-5-9).
- 3) *Zero Suicide and Suicide Prevention:* An internal chart audit indicates that initial Columbia Suicide Severity Rating Scales (C-SSRS), initial safety plans, and current safety plans have decreased over the previous year, while current C-SSRS (within 6 months) have increased. BRMH has not adopted a Zero Suicide framework, but has completed an agency evaluation and has many of the components in place. With expressed interest in expanding Zero Suicide efforts, and an assessment that reviews the agency position across Zero Suicide essential elements, it is recommended that BRMH work with DSAMH to implement the full Zero Suicide framework.

FY21 Division Comments:

- 1) *Increasing Inpatient Services:* The FY20 Adult Mental Health Scorecard indicates a dramatic increase in the number of individuals served in an inpatient setting (FY19-71 clients, FY20-131 clients; 84.5% increase). This was projected based on Medicaid expansion and the negative impact that the pandemic is having on mental health symptoms. BRMH also has an increase in case management (FY19-704 clients, FY20-919 clients; 30.5% increase), as case management is embedded throughout the agency and has been responding to the increased mental health needs virtually throughout the pandemic.
- 2) *Supported Employment (SE):* In addition to Clubhouse-like programs that focus on a work-ordered day, BRMH has made efforts to include elements of Individual Placement and Support (IPS) within the agency-wide SE program. BRMH has received training from the DSAMH IPS trainer and has shadowed a Local Authority that has reached exceptional fidelity for IPS. BRMH has developed relationships with Vocational Rehabilitation (VR) and a local Community Rehabilitation Partner (CRP), and describes assisting individuals to obtain competitive employment using a rapid job search. BRMH has hired a benefits planner and works with the VR benefits specialist to ensure individuals searching for employment are making educated decisions regarding their benefits.
- 3) *Integration:* BRMH and community health agencies appear to partner between Level 2 and Level 3 of the six levels of Collaboration and Integration (Substance Abuse and Mental Health Services Administration), with the Tremonton clinic leading integrated efforts as part of the Utah Promoting Integration of Primary and Behavioral Health Care grant. Behavioral and physical health providers are co-located in Tremonton, with partnerships at the Community Health Centers in the catchment area. BRMH and community partners in Tremonton use shared screening documents. Daily huddles are held in Tremonton, while communication in other areas is driven by the need for consultation and coordination. Case managers often coordinate care and provide transportation for individuals in treatment. Electronic health records (EHRs) between behavioral and physical health care are separate.
- 4) *Participant Feedback:* DSAMH Peer Support Program Manager, Heather Rydalch, met with Bear River House members virtually. Most individuals indicated that they have been attending Bear River House and receiving Peer Support services for many years. They were very enthusiastic, enjoy attending the program, and feel Peer Support and Bear River House benefit them. They identified goals and indicated that they are receiving assistance with those goals, from employment and housing (getting on a waiting list) to making plane reservations. One client mentioned how “great” his doctor is, helping him with both mental health and physical health. He expressed appreciation for all the classes to help with diet and exercise. Individuals reported that they enjoy making new friends and find the program helps with decreasing anxiety. One individual said, “Coming here has been a very good experience for me. I don’t know where I would be without BRMH and Bear River House.”
- 5) *Cultural and Linguistic Responsivity:* BRMH has submitted a Cultural Humility Policy to DSAMH. The policy includes clear procedures to identify populations, needed diversity resources, development of a Cultural Humility Committee that meets quarterly, and cultural

humility training. The agency is working with Utah State University to provide Implicit Bias and Microaggression training for staff. When reviewing clinical records to assess the service populations, BRMH should consider a comparison of the data to local demographic information. This could provide information about populations which may require agency outreach to access services. DSAMH commends BRMH for approaching diversity at both individual and system levels.

- 6) *Nicotine Cessation:* A review of documentation indicated that nicotine cessation was addressed and documented in all charts during assessment. BRMH provides nicotine cessation with health and wellness programs at the adult day programs. Individuals may be referred to the Utah Quit Line, Bear River Health Department and other community partners, in order to receive nicotine cessation services. When offered, BRMH provides an evidence-based tobacco cessation program.
- 7) *Expanded Board Composition:* BRMH has expanded the BRMH Board to include Jarred Glover, a Utah State University police officer and head of security at Logan Regional Hospital. This will bring important depth to the BRMH Board as the agency develops a Mobile Crisis Outreach Team (MCOT), focuses on Community Intervention Training (CIT), and engages with police agencies within the catchment area.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with the services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or wellbeing of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestions. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.


Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health


Prepared by:

Kelly Ovard  Date 02/02/2021
Auditor IV

Approved by:

Kyle Larson  Date 02/02/2021
Administrative Services Director

Eric Tadehara  Date 02/04/2021
Eric Tadehara (Feb 4, 2021 01:12 MST)
Assistant Director Children's Behavioral Health

Kimberly Meyers  Date 02/02/2021
Kim Myers (Feb 2, 2021 13:31 MST)
Assistant Director Mental Health

Doug Thomas  Date 02/02/2021
Doug Thomas (Feb 2, 2021 12:16 MST)
Division Director

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY21

Name of Local Authority: Bear River Mental Health

Date: November 17, 2020

Reviewed by: Robert H. Snarr, MPA, LCMHC
Geri Jardine

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)			X	Need to have a cover page which clearly illustrates the plan, date, and facility covered.
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need signature on plan.
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)			X	Need title page with placeholder to record dates revised and need revision schedules on the document
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need place to identify changes to the plan, made by whom, and date of change
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need distribution record
Table of contents			X	Need table to contents
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan		X		Plan needs to include a schedule for updating/revising plan.
Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.				
List of essential functions and essential staff positions			X	Need to identify specific positions and essential staff in the event of a disaster
Identify continuity of leadership and orders of succession			X	Need to identify specific names and numbers (i.e., attach an org chart and telephone/cell phone numbers)
Identify leadership for incident response	X			

List alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed
Address recovery and maintenance of client records	X			
Communication procedures with staff, clients' families, the State and community	X			
Procedures that ensure the timely discharge of financial obligations, including payroll.			X	Need to identify timely discharge of financial obligations (i.e., payroll)
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Need to identify who is on the disaster planning team and representing which area.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records (recovery and maintenance) • Evacuation procedures • Isolation/Quarantine procedures • Maintenance of required staffing ratios • Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic 	X			

DSAMH is happy to provide technical assistance.












DSAMH Cache Co BRMH FY21 Final Report

Final Audit Report

2021-02-04


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Signature Date: 2021-02-02 - 7:16:38 PM GMT - Time Source: server- IP address: 204.113.19.53
-  Email viewed by Doug Thomas (dothomas@utah.gov)
2021-02-02 - 7:16:44 PM GMT- IP address: 66.102.6.16
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2021-02-02 - 7:26:55 PM GMT- IP address: 66.102.6.26

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2021-02-03 - 5:19:09 PM GMT- IP address: 74.125.212.4

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